

The U.S. Direct Care Workforce – Overview

Direct care and direct support professionals are part of the frontline health care workforce, which comprises occupations such as technicians and therapists, licensed practical nurses and counselors, nursing aides, medical and public health social workers, medical assistants, and personal and home care aides. While these professionals and paraprofessionals provide a wide variety of services, they nevertheless share some common characteristics:

- Wage earnings are usually \$40,000 or less annually, less than in other health care occupations.
- Required training is at the bachelor's degree level or below; often just on-the-job training.
- Career ladders are not clearly defined.¹

With over 6 million individuals, the frontline workforce is estimated to comprise half of the total health and health care workforce.² The U.S. Department of Labor, Bureau of Labor Statistics, tracks data on three categories of direct care professionals: nursing assistants, orderlies, and attendants; personal and home care aides; and home health aides. These numbered about 2.7 million in 2006 nationally.

Employment Estimates for Selected Occupations – May 2006

(Not including self employed individuals)

Personal / Home Care Aides	578,290
Home Health Aides	751,480
Nursing Aides, Orderlies, Attendants	1,376,660
All occupations	132,604,980

Source: U.S. Department of Labor Bureau of Labor Statistics, Wages by Area and Occupation, May 2006, <http://www.bls.gov/oes/current/oesrcst.htm>.

For numerous reasons including the aging population, smaller and more dispersed families, longer life-spans, and a trend to more home-and-community-based services instead of institutional care, these occupations are projected to grow at a faster rate than all other occupations.

Projected Workforce Growth Rate, United States, 2004-2014

All Occupations	13.0%
All Health and Healthcare	28.3%
Home Health Aides	48.1%
Personal and Home Care Aides	40.0%
Nursing Aides, Orderlies, Attendants	24.9%

Source: U.S. Department of Labor, Bureau of Labor Statistics. Occupational Employment, Training, and Earnings, <http://data.bls.gov/oep/servlet/oep.noetted.servlet.ActionServlet?Action=empoccp>, accessed 6-8-07. Estimate of all health and healthcare growth rate from Robert Wood Johnson, Workers Who Care, 2006, p. 13.

Based on these growth rates, the Bureau of Labor Statistics estimates that nearly one million jobs in the direct care professions will be added by the year 2014. These projections include all settings, from home and community-based services to nursing facilities and hospitals. For purposes of comparison, estimates for computer programmers and medical/clinical laboratory technicians are included.

Number of Jobs and Projected Job Growth, United States

	2004	2014	Increase	Average Annual Job Openings^a
Home Health Aides	624,000	974,000	350,000	43,000
Personal and Home Care Aides	701,000	988,000	287,000	40,000
Nursing Aides, Orderlies, Attendants	1,455,000	1,781,000	325,000	52,000
Computer Programmers	455,000	464,000	9,000	12,000
Medical / clinical laboratory technicians	147,000	183,000	37,000	8,000
All occupations	145,612,000	164,540,000	18,928,000	5,468,000

U.S. Department of Labor, Bureau of Labor Statistics. Occupational Employment, Training, and Earnings. <http://data.bls.gov/oep/servlet/oep.noeted.servlet.ActionServlet?Action=empoccp>. Accessed 6-8-07.

A special report by the U.S. Department of Health and Human Services to the U.S. Congress on direct support professionals, who provide services for individuals with intellectual and developmental disabilities, reported an estimated 874,000 full-time equivalent direct support professionals in all service settings. It offered an estimate that a total of 1.2 million would be needed in 2020 to meet demand, an increase of 323,000 jobs between 2003 and 2020, or 19,000

^a Due to growth and net replacement needs.

annually, not considering replacement needs.³ The report did not explain to what extent this workforce might overlap with the direct care workforce described above.

Demographics

Between 80 and 90% of direct care workers are female,⁴ compared to 79% of the frontline health care workforce⁵ and less than 50% of the total US labor force.⁶ Long-term care occupations generally have the highest percentage of minority workers,⁷ and approximately half of direct care workers are non-white.⁸ Compared to hospital and nursing home aides, home care aides are older, less educated, and less likely to be native-born US-citizens. However, compared to the 1980s, home care aides in the 1990s tended to be younger, better educated and more likely to have children. Nearly 30% of nursing home aides and home care aides have some college education.⁹ The average age of home care professionals is about 40.¹⁰ the Department of Health and Human Services describes the traditional labor pool for direct support professionals as being 18-39 years old.¹¹

Training

Nursing aides and home health aides complete a formal training program of at least 75 hours; home care aides and direct support professionals frequently receive on-the-job training in addition to an orientation provided by employers. Most direct care workers complete a course in First Aid and CPR. Training can vary from state to state and from program to program within a state. The Office of the Inspector General found that states had 301 sets of requirements for Medicaid-funded personal care service attendants, with training required by 227 of the 301 sets.¹² The median number of hours required was 28, with a range from 2 to 120 hours. Required subjects commonly included first aid or cardiopulmonary resuscitation (CPR), nutrition, hygiene, universal precautions, assistance with activities of daily living, safety, and client rights and responsibilities.

Employment

Many direct care and direct support professionals are employed by provider agencies, which offer a wide variety of home health or home care services for populations with diverse needs in the areas of developmental disabilities, behavioral health, dementia, and physical disabilities. In addition, there are numerous independent providers, who contract directly with a state agency or with consumers. The Arizona Division of Developmental Disabilities, for example, contracts with approximately 3000 independent providers.

A sizable share of providers is self-employed—by one estimate 29%¹³—and some are compensated directly by individuals receiving services without a formal employer-employee relationship. This so-called gray market makes it difficult to establish an accurate count of providers and recipients of services. There are also concerns about the quality of care and the possibility of fraud and other harm coming to individuals who are employing these workers. On the other hand, workers who are already receiving relatively low wages also do not have unemployment insurance or workers' compensation benefits. About 10% of nursing aides and 20% of home health aides work for registries,¹⁴ staffing agencies that provide health care workers to facilities or individuals on as needed basis.

Benefits

Many direct care workers do not have health insurance, especially home care aides. By one estimate, nearly 24% of nursing and home care aides had no health insurance at all in 1998,¹⁵ with uninsurance rates among home care aides possibly as high as 40-50%.¹⁶ Common barriers to obtaining health insurance include high premiums and co-payments, ineligibility due to part-time work, and self-employment.

Estimated Health Insurance Rates among Aides, 1999-2000^b

	Nursing Home Aides	Hospital Aides	Home Care Aides	All Non-elderly Adults
Employer-sponsored insurance	42%	62%	29%	68%
Medicaid	11%	5%	16%	6%
No insurance ^c	24%	n/a	40-50%	18%

Harris-Kojetin et al., 2004, p. 5; and Lipson, 2004, p. 3.

Wages

Long-term care workers are among the lowest wage earners, along with food preparation workers, shampooers, and farm workers. Mean annual wages for personal and home care aides rose from \$15,960 in 2000 to \$18,180 in 2006, but these are still the lowest wages among all health care workers and among nearly all occupations. The Bureau of Labor Statistics estimated the mean hourly wage for all direct care workers in 2002 as \$9.59, with numerous variations by state.¹⁷ The mean annual wage for the frontline health care workforce was \$32,180 in 2004, with the highest wage earning potential remaining under \$50,000.¹⁸ Higher education and training do not directly correlate with higher wage earnings in these professions, but individuals with only on-the-job training are among the lowest wage earners.

^b These are estimates and the numbers in each category do not total 100%. The studies cited did not provide additional information and may have used different populations and measures to arrive at these figures. A potential additional source of insurance could be access to a health plan through a spouse.

^c The fact that individuals do not have insurance does not mean that the employer did not offer a health plan. Some employees decline coverage for a variety of reasons, for example, if the premium is perceived as too high.

Average Annual Wage Earnings for Direct Care Occupations – U.S. 2006

	Median^d Hourly	Mean^e Hourly	Mean Annual^f
All Occupations	\$ 14.61	\$ 18.84	\$ 39,190
Personal / Home Care Aides	\$ 8.54	\$ 8.74	\$ 18,180
Home Health Aides	\$ 9.34	\$ 9.66	\$ 20,100
Nursing Aides, Orderlies, Attendants	\$ 10.67	\$ 11.04	\$ 22,960

Source: U.S. Department of Labor Bureau of Labor Statistics, National Occupational Employment and Wage Estimates, May 2006, http://www.bls.gov/oes/current/oes_nat.htm#b31-0000.

Endnotes

¹ Robert Wood Johnson Foundation and Health Workforce Solutions LLC. (November 2006). Workers Who Care: A Graphical Profile of the Frontline Health and Health Care Workforce, p. 1.

² Ibid., page 11.

³ U.S. Department of Health and Human Services. The Supply of Direct Support Professionals Serving Individuals with Intellectual Disabilities and Other Developmental Disabilities: Report to Congress, January 2006, p. 4 and p. 17 of 50.

⁴ Harris-Kojetin, Lauren; Lipson, Debra; Fielding, Jean; Kiefer, Kristen; & Stone, Robyn I. Recent Findings on Frontline Long-term Care workers: A Research Synthesis 1999-2003. Institute for the Future of Aging Services and Association of Homes and Services for the Aged, May 2004. p.3.

⁵ Robert Wood Johnson, p. 11.

⁶ U.S. Department of Labor Bureau of Labor Statistics, "Employment Status of the civilian non-institutional population by age and sex, 2004 annual averages." Women in the Labor Force, A Databook, pp. 4-6. May 2005, <http://www.bls.gov/cps/wlf-table1-2005.pdf>

⁷ Robert Wood Johnson, p. 17.

⁸ Harris-Kojetin et al., p. 3.

⁹ Ibid, p. 3-4.

¹⁰ National Clearinghouse on the Direct Care Workforce. Who are direct care workers? Fact Sheet November 2006. www.directcareclearinghouse.org.

¹¹ U.S. Department of Health and Human Services. The Supply of Direct Support Professionals, p. 4 of 50.

¹² Office of Inspector General. States' Requirements for Medicaid-funded Personal Care Service Attendants. OEI-07-05-00250. Revised December 2006. Accessed June 2007 at <http://oig.hhs.gov/oei/reports/oei-07-05-00250.pdf>.

¹³ Robert Wood Johnson, p. 76, citing Leon and Franco, 1998.

¹⁴ Lipson, Debra. Health Insurance Coverage for Direct Care Workers: Riding out the Storm. Better Jobs Better Care Issue Brief #3, Institute for the Future of Aging Services, March 2004, p. 2.

¹⁵ Harris-Kojetin et al., p. 4.

¹⁶ Lipson, p. 2.

¹⁷ Harris-Kojetin et al., p. 4.

¹⁸ Robert Wood Johnson, p. 15.

^d This represents the mid-point, i.e. half of workers earn more and half earn less.

^e This is the calculated average of all wages.

^f For individuals working full-time.